

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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4		/		/		
5	/		/			
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7	/		/			
8	2		/			
9	/		/			
10	/		/			
11	0		/			
12	0		/			
13	3		/			
14	3		/			
15	3		/			
16	3		/			
17	0		/			
18	3		/			
19	3		/			
20	0		/			
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	37	←	24	←		
TOTAL CLAIMS	40		27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						